

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM THICS COMMISSION

PART I LOBBYIST		-	
NAME (Last)	(First)	(Middle)	TELEPHONE
Pacopac	James	C.	220-4121
MAILING ADDRESS (Street)			FAX
1908 Skyline Drive			EMAIL jpacopac@hawaii.rr.com
(City)	(State)		(Zip Code)
Honolulu	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in on	o lobby) TELEPHONE		
SPJ Consulting LLC			927-0619
MAILING ADDRESS (Street)			FAX
P.O. Box 17885			EMAIL smatsu@live.com
(City)	(State)	W-800	(Zip Code)
Honolulu	Hawaii		96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LO	TELEPHONE	
Syngenta Hawaii LLC	688-1477	
MAILING ADDRESS (Street)	FAX 688-1479	
P.O. Box 8		EMAIŁ mark.phillipson@syngenta.com
(City)	(State)	(Zip Code)
Kunia	Hawaii	96759
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Mark Phillipson		688-1477
MAILING ADDRESS (Street)	distribution of the second of	FAX 688-1479
P.O. Box 8		EMAIL mark.phillipson@syngenta.com
(City)	(State)	(Zip Code)
Kunia	Hawaii	96759

PART III DESCRIPTION	N OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBB	Y	
Agriculture	Education	Muman Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation	
Consumer Protection & Commerce	Mawaiian Affairs	✓ Labor & Employment	 ✓ Transportation	
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		
PART IV CERTIFICATION	ON OF LOBBYIST			
I hereby certify that th	ne information f <mark>urnished</mark> abov	e is, to the best of my knowled	dge, correct and complete.	
	(Signature of Vobbyist)			
PART V AUTHORIZAT	ION TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Mark Phillipson	General Manager			
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
Syngenta Hawaii LLC		688-1477		
MAILING ADDRESS (Street)			FAX 688-1479	
			EMAIL nark.phillipson@syngenta.com	
(City)	(State)	(Zip Code)		
Kunia	Hawaii	96859		
I hereby authorize the				

(Signature of Authorizing Officer or Person Represented)